

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/807148

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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49		/		/		
50		/		/		
TOTAL IND.	11					
TOTAL DEP.	45					
TOTAL CLAIMS	56					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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TOTAL IND.	6					
TOTAL DEP.	42					
TOTAL CLAIMS	48					

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